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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/505,354
		Filing Date	August 19, 2004
		First Named Inventor	HUBERT OTT and THOMAS GRAU
		Art Unit	3753
		Examiner Name	Craig M. Schneider
Total Number of Pages in This Submission		Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	William D. Breneman, Esq.; BRENEMAN & GEORGES		
Signature			
Printed name	William D. Breneman		
Date	December 11, 2006	Reg. No.	26,714

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number

DEC 11 2006

AMENDMENT TRANSMITTAL LETTER

3
Application Number
3 TRADEMARKS
107505,354

Filing Date

August 19, 2004

Examiner

Craig M. Schneider

Group
Art Unit

3753

Invention Title

ELECTROMAGNETIC VALVE

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.
- No additional fee is required.
- The fee has been calculated as shown below:

CLAIMS AS AMENDED

	(1)	(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS	• 30	minus " 30	0	x \$12	0
INDEPENDENT CLAIMS	• 3	minus " 3	0	x \$36	0
MULTIPLE DEPENDENT CLAIM ADDED				\$120	
				TOTAL	\$
				SMALL ENTITY TOTAL	\$

If applicant is a small entity under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".

*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".

The "Highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- Please charge Deposit Account Number _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number 02-3702.
A duplicate copy of this sheet is enclosed.
- Any additional filing fees required under 37 CFR 1.16.
- Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

William D. BrenemanWilliam D. Breneman
Reg. No. 26,714

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE

December 11, 2006

(Date)